

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PROCESS AND DEVICE FOR THE COMPRESSION OF PORTIONS OF IMAGES
Attorney Docket Number::	0592-1001
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	2
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEROME
Middle Name::
Family Name:: LARRIEU
City of Residence:: HASPARREN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing MAISON ONDOENIA
Address:: QUARTIER HASQUETTE
City of Mailing Address:: HASPARREN
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 64240

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ALEXANDRE
Middle Name::
Family Name:: DELATTRE
City of Residence:: PARIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 5 RUE ST VINCENT DE PAUL
Address::
City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75010

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0301226	2/3/03	Yes

Assignment Information

Assignee Name:: ACTIMAGINE

Street of Mailing Address:: 266 AV DAUMESNIL

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75012